

City of San Jose
Former San Jose Medical Center Site
Land Use – Health Care Study

Stakeholder Advisory Committee Meeting

200 East Santa Clara Street, Combined Rooms W118 and, W119

(San Jose City Hall, Council Wing)

Wednesday, November 15, 2006

6:00 – 8:00 p.m.

Draft

1. Welcome

Introductions and Announcements

- a. Final draft meeting notes sent out for September/October
- b. Committee resignations: David Neale, Robin Roche, HG Ngyuen
- c. Next meeting December 13
- d. Consultants on board: Bottomley on board, Henry to attend next meeting
- e. Brown Act Clarification: Les sent out an email to all on the committee.
Unfortunately, committee should be sensitive to Brown Act. As this body was appointed by the City Council, it is subject to Brown Act legislation. Communications among the members that are not public noticed are prohibited. With less than a majority, the members may communicate. The Coalition for Downtown Hospital members are free to meet and discuss, but the moment there is a majority of the task force members and are discussing the hospital site, it becomes in violation of the Brown Act. Email traffic that includes more than the majority of the members is also considered a violation of the Brown Act.
- f. A couple of points raised by Les in the email need to be addressed:
 - i. In terms of allowing the expertise in the room heard, the expertise will be taken advantage of through the interactive exercises. The members were invited because of their expertise.
 - ii. He suggested inviting speakers. It is not in the work plan at this point and will not be able to make time for that if the deadlines outlined in the current scope of work are to be met. However, the names of the experts suggested will be passed on to Henry Zaretsky and Terry Bottomley, and suggest that they contact the experts and are free to interact with them as they are doing their work. The coalition is free to facilitate additional informational meetings, which city staff can assist by finding facilities at city hall or other locations, but that would not be an official meeting of this body.

Question and Answer

- a. Les felt the need for the committee to discuss the points just made, and requested that the discussion be had. Staff suggested that the items be agendaized for the next

meeting as the Brown Act requires that the agenda for the meeting be set three days prior to the meeting, therefore, those items cannot be discussed without being officially agendized. Les felt it was unfair for staff to tell the committee this point, a list of responses and opinions, but not provided adequate response from the committee. He mentioned that he had requested for these items to be put on the agenda twice and, therefore, it is appropriate to discuss the items. He wished to go on record in saying that we came to this committee as a community hoping to do meaningful work, and all the suggestions that he made relate to us contributing to understanding all the issues that relate to the medical center site. There are a lot of opportunity both through the expertise on this committee and through outside resources to learn a lot and he's feeling is all of that is not being considered at this point. As far as the schedule, it needs to be discussed immediately as part of this meeting. The information just provided is that we have not engaged the health care consultant. Therefore, that has to affect the schedule. We're not going to play catchup based on the delay contracting with the health care consultant. He thinks the scheduled should be re-worked as well and should be put on as an agenda item. Staff will include as part of the next agenda. Last point by Les – when we joined the committee it seemed somewhat informal and staff has done a great job of facilitating to get us going, but we didn't begin with any rules of order, bylaws or step by step as how the process was going to work. He wishes that this be a committee where all are engaged, where everyone has a responsibility of something to bring to the table. If we are going to clarify the details of what we can and can't do, then rules of order should be another agenda item. Copies of articles.

- b. Roz discussion of tour. Marley Hinez
 - i. Schedule implications
 - 1. Healthcare consultants just now on board
 - 2. Need rules of order/specific steps
 - 3. Need direction!
 - 4. Please agendize
 - 5. Agendize for December!
 - ii. H.O. on other project which could occur on SJMC site
- c. Roz Dean – can we talk about tour
 - i. Has list of historic buildings
 - ii. Requested structural analysis report – in general.
 - iii. Gary Schoennauer will look into what MFO is available
- d. Les: have additional photos to share. On 2 occasions structural analysis done. Documents submitted to state already and are on the Public Record
- e. Roz Dean - she provided consumers union info. Staff has found two on web and will send as email. Roz to email.
- f. Les
 - i. Rules of order
 - ii. Schedule
 - iii. Outside speakers

2. **Land Use Exercise** Objective is to come up with some land use concepts to think about early. These would not be considered alternatives at this point. Alternatives are typically more fleshed out in terms of background data and some of the supporting studies mentioned earlier. This should help everybody to start thinking about the site, what the surroundings are and what kinds of new or renovating land uses could work here. Review of previous information presented in past meeting including land use considerations, types of land use designations, patterns of land use, typical means for measuring land use (dwelling units per acre for residential and floor area ratios for non-residential) and general considerations for developability (site context and surroundings, available acreage for different kinds of land use). Currently the site's General Plan Designation is Public/Quasi Public and surrounded by lands designated for commercial, open space, single-family and multi-family uses. Discussion of criteria for different kinds of designations and review the site to begin to mock up some land use alternatives that respond to the land use patterns that exist. One of the charges of the committee is to come up with consensus recommendations for changes to the General Plan Designations on the site and surrounding properties. Some of the typical General Plan Land Use Issues that a planning commission and city council need to address include (from slide)

- Amount/Location of Open Space
- Amount/Location of Residential, Scale, Density
- Amount/Location of Commercial, Scale, Type
- Block Structure/Urban Form (street grid, building orientations, etc)
- Related or Adjacent Land Use(s) Changes
- Demand for Hospital/Health Care, Alternate Location(s)
- Land Reserved for Fire Station, Other Public/Quasi Public Facilities

Questions: Looking back at the original exercise about interests, the key questions are outlined here. There is a lot of information to unpack with the most complex questions being about the hospital and medical related uses. The objective for the committee is a recommendation(s) answering these questions. The questions can be re-visited or items identified that need more accent. If you see this as a policy recommending board, these are probably the key policy related questions that the city council would like the committee's advice and recommendations as they consider alternatives to move forward on the hospital site. This is the consultant and staff's first shot, an open forum. There may be a lot more that can be added, but there is a lot of value to focus the work of the committee and what is the key short list of questions. The committee's feedback should be shared which tells staff what is missing - this is the right list, this isn't important, this is - so as a committee the right questions are being answered.

- a. Will there be further information on General Plan Land Use issues provided regarding these items and who will be doing that? Tonight the committee will begin to work on different scenarios, crafting them in real time tonight. An in-house team of city staff has been convened to provide information and provide answers to questions from the committee on the concepts. For example, recommendations on the amount of open space or feedback on a particular scenario whether from a parks and recreation or planning perspective.

Background information will be provided on each policy areas (parks, density, commercial, urban form) as the questions emerge. Staff will be funneling this information both in written form and as part of the interactive exercises. Tonight, the exercise will be starting to touch the tip of the iceberg.

- b. Comment made that the driving issue is medical center issue. Information provided tonight indicates that there are more options of potential medical facilities than previously thought possible. For different kinds of potential medical uses, maximize the best mixture of the other uses, but not let other land use determine type/variety of uses that may occur on the site be the driver and negate a potential valuable medical facility. In other words, the range and type of medical facilities from the whole site to nothing, becomes what informs the potential other variables in the scenario.

Land Use Consultant Continues

Consultants and staff propose criteria for evaluating various land use alternatives and seek input from the committee on these:

- Alternatives should address local health care needs. Depending on the information developed and received the scale of a facility could range widely. Appropriate for site, consistent with health care demand analysis, etc.
- Any new developments on the site should support the adjacent neighborhoods and the East Santa Clara Business District. Provides neighborhood sensitive/ neighborhood-oriented uses; e.g., open space, commercial, etc.
- New development should create value for property owner. Market-based land uses sufficient to justify development of site.

This is the starting point. The objective was to keep it simple in terms of big ideas. Now is the point to ask the committee if there's something glaring that's missing, is there a re-phrase or re-thinking of the criteria that should be considered; or so far so good and the criteria to be refined as we go forward.

Comments:

- c. More specifically state that the objective is to maintain the long term option of re-establishing a full service hospital on this site.

Response: Consultant and staff are concerned that a range of alternatives should be looked at – what's really developable on this site. In looking at alternatives, in considering the entire site for medical use and recommending that the existing General Plan designation of Public/Quasi Public remain, is there a health provider that likely would do that. That alternative is on the table. Some of the alternatives will be more keeping with the some of criteria than others, which is what will be weighed as the committee goes through the exercise.

- d. The time variable needs to be brought into consideration. In terms of a hospital on the site, what is being looked at is the long term need and not necessarily what health care needs of tomorrow. Land use is a long term decision.

Discussion on Land Use Patterns. Consultant presented examples different land use patterns to help the committee begin to configure concepts on the site. (Power Point used at the meeting is at http://www.sanjoseca.gov/planning/sjmc/agenda/11-15-06/ppt_SAC_11-15-06.pdf):

- Maximum Health Care. Entire site retained as Public/Quasi-Public use for new hospital campus as it is today.
- Mostly Health Care - Could include CCR, Mixed-Use
- Split Site - ½ / ½ Health Care/Market Development
- Mostly Market - Could include Commercial, Mixed-Use
- Maximum Market-Based - Most likely would be Residential Development, perhaps Mixed-Use

In looking at mixed use consider the different street frontages and the relationship with existing land uses. Each frontage has its own character and pattern. As the initial land use concepts begin to develop they can be compared against value criteria presented. Some will fit very well and others won't. The objective is to identify the land use scenario, if possible, which meets all three criteria. The scenarios will be laid out without a bias as to how they meet the criteria.

Comments

- Consider the hospital parking lots as well as the hospital site when considering the current configuration as an alternative.
- Would the maximize market-base not include hospital/health care facilities? It would depend on what the market could support. As considering alternatives, the question would be is there a "worthy" minimum in terms of health care facilities. Committee should look at hospital in alternative sites.
- All of the alternatives should have a market study to determine whether any land use option is viable and feasible.
- Staff takes a pulse check on how the committee regarding looking it a lesser amount of park space on the site versus a greater connectivity with the existing parks. Comment that there may be other types of spaces that the surrounding neighbors could use as well as occupants on site, may be other than a park. Retail space along Santa Clara Street would help create this type of "third space" opportunities whether the other uses above be medical, residential or commercial.

- Height limits should be considered to determine how far to go out and up. Taller buildings allow for developing a more pedestrian character of the site. Consultant suggests that at the moment should keep the discussion to the two dimensional first.
- Integration of uses vertical is important.
- Fire Department has expressed an interest in a fire station which is integral to development on the site. There are several uses that can be compatible with a fire station. It also serves as meeting some of the medical needs of the community. A fire station does not have to be sited separately, but can be integrated.
- Consultant stated that a previous slide presented a medical office building that was 5 story, 120,000 square feet, 56 operator examination rooms and a 5 story parking structure that fit on two acres.
- Consider a medical use tucked into a commercial frontage that could share parking and possibly residential. Suggest a clinic across the street from the Chavez office building.
- Is there a light rail or BART stop in the area in the future? None in the immediately. This is a Transit Corridor in the General Plan therefore anticipate light rail, bus, rapid transit or some other form.
- Pedestrian connections through the sight are a positive feature.
- Consider land bank in the options. Not necessary to bank the whole site.
- Staff takes pulse check on surface parking versus parking structure. Structured parking is extremely expensive. At this site, the water table is high and would be expensive to design the structure. Appearance of parking structure would be an important issue. Only advantage to open parking is introduction of trees. Suggest that in general trees be introduce in all aspects of site design.
- Rooftops of buildings in major urban areas are used for parking and gardens.

3. Logistics Housekeeping

a. Next steps

- i. Consultant to clean up the scenarios without eliminating any
- ii. Three main points view to be brought to the committee
 1. How does this work from a health care perspective.
 2. How does this work from a neighborhood perspective, both in terms of residential and business districts
 3. How does this work from a fiscal standpoint at a gross level analysis
- iii. Staff and consultants to review the scenarios and provide more information from different city departments and consultants on the strength and weaknesses, and the relative questions that each one asks. Then begin to refine those scenarios and get feedback from the committee.
- iv. The scenarios will be used to provoke questions regarding height, traffic, structural integrity of existing buildings, structured parking. We won't have answers to all the questions as some of the questions may require too fine a detail of analysis.

4. Public Comments

a. Can the helicopter pad be eliminated? No, it is part of some of the concepts.

5. Adjourn